IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(8)

Yoichiro Sako et al.

Serial No.

09/406,486

For

INFORMATION DISTRIBUTNG METHOD AND

SYSTEM

Filed

September 27, 1999

JUN 1 1 2002

RECEIVED

PATEN

Examiner

Backer, Firmin

Technology Center 2100

Art Unit

2161

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on May 31, 2002

Gordon Kessler, Reg. No. 38,511

of Applicant, Assignee or Registered Representative

Signature

May 31, 2002

Date of Signature

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JUN 1 9 2002
GROUP 3600

<u>AMENDMENT</u>

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

In response to the outstanding Office Action dated April 16, 2002, please amend

this application as follows.

06/10/2002 ADSHAN1 00000068 09A06486

01 FC:102 02 FC:103 84.00 OP /

-1-

450100-02102

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants Yoichiro SAKO et al.

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Technology Center 2100

745 Fifth Avenue New York, New York 10151 Tel. (212) 588-0800

Assistant Commissioner for Patents Washington, D.C. 20231

GROUP 3600

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply. Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	* 22	Minus	** 21 =	* 1 ×	\$18 (9)	= \$ 18.00
Independent claims	* 7	Minus	*** 6 =	* 1 ×	\$84(42)	= \$ 84.00
	•	•	Total addit this a		\$ 102.00	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid __, or is paid herewith __.

This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$102.00 is attached, which covers the cost of X additional claims _ petition for extension of time.

Charge \$__ to Deposit Account No. 50-0320.

X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Washington, D.C. 20231, on May 31, 2002

Gordon Kessler, Reg. No. 38,511 Ricant, Assignee or Registered

رنية Represent

Signature

May 31, 2002 Date of Signature Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP

Attorneys **Applicants**

By: Gørdon Kessler

Reg. No. 38,511 Tel. (212) 88-8800